

## CITY OF MILPITAS

455 East Calaveras Boulevard, Milpitas, California 95035–5479 • <a href="www.ci.milpitas.ca.gov">www.ci.milpitas.ca.gov</a>

Revised on 2/26/2021

## FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

	. 002 02.11				
Buildiı	ng Department Permi	t Number:			
Submi	ttal Date:				
Projec	t Address:				
Projec	t Name:				
Applic	ant Name:				
Applic	ant Phone Number: _				
Applic	ant Email:				
Buildiı	ng Owner Email:				
consur contrib sandw	nption either on or off t ute grease to the sewe ich shops, delicatesser	nt (FSE) is an establishment that pre he premises or washes utensils or o er system, including, but not limited t hs, bakeries, cafeterias, markets, be s, or retirement and nursing homes.	ishes on premises that may o, restaurants, pizzerias		
Purpo	se:				
dishwa Food S facilitie	shing activities, and ed Service Establishment's is that were previously as well as FSE's that o	on FSE and is conducting commercial pulpment cleaning that generates grows questionnaire must be completed for serving and prepping food under a ceither remodel, retrofit or make additional process.	ease-laden wastewater. The or all new FSE's, buildings and different name or a different		
A.	Type of Business:				
	1. Type of Facility: (Describe your business based on the FSE definition above)				
	2. Type of Food serve	d:			
В.	Please Identify the ty	/pe of project:			
	New Kitchen □	Remodel/Retrofit □	Adding plumbing fixtures □		

Oti	ner adjustments:					
Fac	cility Information: (	For existing or ne	ew FSE's)			
1.	Is the facility grease	producing?				
2.	Is your FSE a new establishment?					
3.	Name of Previous FSE under the same address: (if applicable)					
4.	Average number of employees:		Days/hours of operation:	(If known)		
5.	Existing type and size of the Grease Control Device (GCD): (If applicable)					
	Grease trap □		Grease interceptor $\ \square$			
	Size:	(lbs.)	Size:	_ (gallons)		
	Location:		Location:	_		
6.	Proposed type and	size of the GCD:				
	Grease trap □		Grease interceptor $\ \square$			
	Size:	(lbs.)	Size:	_ (gallons)		
	Location:		Location:			
7.	Is the current GCD shared with any other FSEs? (For existing FSE's)					
	Yes □	No				
	If yes, there could be further comments requesting an independent GCD.					
8.	Plan Page No.:installation details	_Proposed GCI	O location, manufacturer specific	cations, and		
9.	Required frequency	for GCD mainte	nance: (for existing FSE's)			
	Weekly □	Monthly □	Quarterly	Annually $\Box$		
10.	. Will the GCD be sel	f-cleaned by stat	ff or is a professional grease cle	aning company		
	hired? (If known)					
11.	If a professional grease cleaning company is cleaning the GCD, what is the name of					
	the company? (For existing FSE's)					

## D. Fixture List:

Please check all the applicable fixtures in your FSE as well as stating the amount in the facility. Ensure that all fixtures are accurate and included. If you are an existing FSE and are proposing to either remodel, retrofit and/or add to the existing fixtures, in the table below, please check all the existing applicable fixtures and below list all the additions to the fixtures and/or describe the proposed changes and retrofit to your FSE.

Fixture	Check if	Number	Fixture	Check if	Number
	Present	On-Site		Present	On-Site
1- Comp Sink			Pot Sink		
2-Comp Sink			Prep-Sink (General Use)		
3-Comp Sink			Prep-Sink (Vegetable		
			Only)		
4-Comp Sink			Pre-Rinse Sink		
Bar Sink			Rotisserie		
Cup/Glass Washer			Sanitizer		
Deep Fat Fryer			Self-Cleaning Exhaust		
			Hood Drain		
Dipper Well			Soup Vat		
Dishwasher			Trash Compactor		
Floor Drain			Tallow Area		
Floor Sink			Trench Drain		
Garbage Disposal			Utility Sink		
Grease Hood			Wok Range		
Hand Sink			Wok		
Hood Filter			Other:		
Mop Sink					

## E. Acknowledgement:

The information submitted in this questionnaire is accurate to the best of my knowledge and is based on (check one):

() Current operating data	( ) Best estimate based on:	
() Other:	<del></del>	
Completed By:	Title:	
Date:		
Signature:		